



814 E. Silver Springs Blvd., Suite E, Ocala, FL 34470
 PH: 352-432-0080 Fax: 352-419-6593

Toll Free Voice: 888-865-1140 Fax Timecards to: 352-419-6593 or Email Timecards to: timecards@staffamericainc.com

Staff Name: (Please Print)	Week Ending Sunday Date:
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Facility Name:

Day	Date	In	Out for Lunch	In from Lunch	Out	Total Hours	Floor/Unit	Facility Initial No Lunch	Facility Supervisor Signature
Mon									
Tue									
Wed									
Thurs									
Fri									
Sat									
Sun									

Staff Signature	Total Hrs.		I would allow this worker to return to our facility for future work: Please circle one: Y N
	O/T Hrs.		

STAFF AMERICA STAFF AGREEMENT My signature certifies the hours shown here were worked by me during the week ending designated and were certified by an authorized representative of the Company where I was assigned. My signature also certifies that no accident or injury was sustained by me while working on the assignment this week unless so noted below: